

MDR Tracking Number: M5-04-1616-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-10-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visit and special report were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

This Findings and Decision is hereby issued this 10<sup>th</sup> day of May 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 1/06/04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10<sup>th</sup> day of May 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/rlc

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 27, 2004

**Re: IRO Case # M5-04-1616-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

### History

The patient is a 56-year-old female who in \_\_\_\_ was pushing a galley car that got stuck, and she developed low back pain. This was soon joined by neck pain extending into both the left upper extremity and the left lower extremity. She had some numbness in the left arm and left lower extremity. Physical therapy was unsuccessful in treating the patient. The records submitted for review indicate that there was never a recording of a neurological deficit suggesting a specific nerve being involved. The patient had no history of neck or spine pain before the 2002 injury. An 8/16/02 MRI of the cervical spine showed a questionably surgically significant C5-6 disk change with spondylosis on the left side at C5-6. An 8/16/02 MRI of the lumbar spine showed a central L4-5 disk herniation, which was not thought to be surgically significant.

### Requested Service(s)

99213 ov, 97110 ther exer, 97250 myofas release, 97530 ther act 1/21/03-2/11/03`

### Decision

I disagree with the carrier's decision to deny the requested services.

### Rationale

This patient had a long-term problem that could not be dealt with surgically. Therefore, an extensive program of physical therapy, intermittently on a long-term basis would not be unusual, and would be medically appropriate. Office visits for reevaluation is not contra indicated while physical therapy is proceeding.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.